

Time Sensitive Emergency Region 4 Committee Meeting Minutes
9/2/2015
Burley, Idaho
2:00 pm

In attendance:

Scott Baggett
Rhonda Bench
Jeff Carl
Kathy Elwell
Brenda Gully
Maria Hoggan
Kevin Kraal
Lara McClean
Tom Mortimer
Wayne Schwendiman
Larry Troxell

Education subcommittee met at 1:00 pm (Brenda, Kathy, Tom, Kevin, Maria) and discussed the PowerPoint presentation thus far.

2:00 Meeting begins, Scott Baggett makes the motion to begin the meeting, Tom Mortimer seconds.

Kraal

- Reviewed email from Shelly McFarland about the importance of obtaining information about hospital/facility times. This data is needed to identify problems. This information should be requested by a TSE chair in writing.
- Kraal agrees and will send letters to hospital administrators requesting this data. Also referred to it as "dwell times"
- We will need scene times from Christian/State EMS

Tom

- The committee is unable to see the power point due to technical difficulties but each slide is explained.
- 3 sections: Stroke, STEMI, trauma
- Stroke: Education about hemorrhagic/embolic treatments and that time matters
 - FAST/Cincinnati stroke scale
 - Empower QRU's to call for ALS at time of dispatch
 - Discussion about where to take the pt and TPA capabilities
- Trauma:
 - Priority 1, 2, and 3 designations based on State trauma triage guidelines

- Priority 1 are essentially level 1 trauma pts, all based on pt physiology and need to proceed to a trauma center. Request ALS at dispatch, prior to ambulance arriving on scene based on dispatch information
- Priority 2 pt's are a mix of mechanism and physiology. Magic Valley is the largest/most resources and can take:
 - GCS of 11-13 with no other significant trauma
 - Unstable trauma pt if magic is the closest facility prior to transfer to trauma center
 - 2 long bone fx
 - suspected pelvic fx with b/p >90 systolic
- Trauma center:
 - Flail chest
 - Drowning
 - Burns >20% body surface area or face, neck, airway, hands, genitalia. Dispatch ALS prior to response.
 - Ejection- call ALS on dispatch
 - Unexplained hypotension or suspected unstable pelvis
 - GCS of 9-10 or less
- Discussion with Gooding and Cassia and Minidoka hospitals and their medical control to ensue
- Priority 3 pts are all based on mechanism – QRU/ambulance discretion on calling ALS or destination hospital
- STEMI – goal to get pt to a 12 lead that can be interpreted
 - Jeff - looking into Zoll capabilities for QRU/transmitting EKG
 - Tom- may want to look at Portneuf's system
 - Kraal- will bring it up at the State Committee mtg and see what everyone else is doing.
 - Reasons to call ALS for chest pain:
 - Symptoms of MI/STEMI
 - Cardiac hx
 - Intuition
- Slide also reminds participants of the goals of TSE – move towards appropriate care. The definition of TSE and thinking 2 steps ahead (what is your plan? Talking through logistics).
- Tom: will finish up power point with changes and send out to all committee members for feed back ASAP
- **Committee Members: Get back to Tom with your feed back at a minimum of 7 days prior to the next meeting (10/7/2015)**

Kraal: Case review.

- Maria: would like full case outcomes to assess treatment modalities/appropriate actions
- Kraal will f/u with person that pulls this information if he knows the name/date/case.
- Tom: Case review every meeting on a rotating basis

- **Next month Minidoka will present. Send email Erin Neilson.** Tom is presenting as well

Kraal: Trauma Case Review paper work can be downloaded from the TSE page on the state website in a way that the data is scrubbed of HPI. It is HIPPA compliant. The checklist is reviewed. Case review begins. All members agree with and Aye vote.

Maria moves that we go to executive session to begin the case review.

Tom seconds it.

All participants sign agreement of confidentiality.

All phone participants verify that they are alone and no one is using their device.

Maria presents STEMI case.

Stroke chart review. Goal: closest TPA.

Kraal reiterates that the trauma case review paperwork is filled out by the person presenting the case. Send the form to the facility you are requesting information from.

A form is needed for Stroke and STEMI charts as well.

Christian advises the State is designing a form for those- it is currently on hold at the moment. No time frame for their completion is known at this time.

Kraal: will f/u at the state meeting on Tuesday.

Christian: a company called Pulse Era is presenting at the State mtg on Tuesday

Items for next meeting 10/7/2015:

1. Kraal will send a letter to all facilities requesting their dwell times for trauma pts transferred out between 2012 – 2014
2. Review the PowerPoint from Tom and reply with questions/concerns/ideas no later than **September 30.**
3. Minidoka and Tom Mortimer are presenting cases
4. Tom will speak with Cassia, Minidoka, Gooding, Wood River about facility capabilities and what they can/cannot accept prior to finalizing PowerPoint. If you have not heard from him please email.
5. Lara will send email to Erin Neilson/Minidoka
6. Kraal will attend State mtg on Tuesday and discuss 12 lead possibilities and f/u on forms for CVA and STEMI forms.
7. Jeff is looking into Zoll capabilities

Motion to end – Kevin Kraal

2nd – Scott Baggett.

Meeting adjourned.